Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
NVS5695PCA				D: 11110		08/0	4/2009		
ESSENTIAL CAPE NEVADA INC			10155 W T\	STREET ADDRESS, CITY, STATE, ZIP CODE 10155 W TWAIN AVE SUITE #100 LAS VEGAS, NV 89147					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
P 000	Initial Comments			P 000					
	This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted at your agency on 08/04/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The agency had applied for a license as a Personal Care Aide Agency which provides in-home personal care services to elderly and disabled persons.								
	The census was 8 clients. Eight (8) clients charts and (7) employees files were reviewed.		es						
	There were no comp	laints investigated.							
	The following deficiencies were found at the time of the survey:		time						
P 060 SS=F	P 060 Section 14.1(2) Administrator Responsibilities		es	P 060					
	the licensee in the da the agency and shall his authority in his ab responsibilities of an without limitation: (a) Employing qualifier for their training;	appoint a person to exc	ercise						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 060 Continued From page 1 P 060 providing services to a client of the agency and that such services are provided in accordance with the functional assessment of the the service plan established for the client and the policies and procedures of the agency; (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the agency; (d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency; (e) Providing oversight and direction for attendants and other members of the staff of the agency as necessary to ensure that the clients of the agency receive needed services: (f) Developing and implementing policies and procedures for the agency, including, without limitation, policies and procedures concerning terminating the personal care services provided to a client; (g) Designating one or more employees of the agency to be in charge of the agency during those times when the administrator is absent; and (h) Demonstrating to the Health Division upon request that the agency has sufficient resources and the capability to satisfy the requests of each client of the agency related to the provision of the personal care services described in the service plan to the client.

This STANDARD is not met as evidenced by: Based on record review and interview, the agency

(b) only trained attendants were providing services to clients of the agency, and

failed to ensure that

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 060 Continued From page 2 P 060 (e) oversight and direction for attendants was provided to ensure that the clients received needed care Findings include: The agency's administrator failed to ensure that only trained attendants provided services to the clients of the agency. Four (4) of 7 attendant files (Employee #1, #2, #4 and #6) failed to contain any training documentation. The agency also failed to provide oversight and direction for the attendants ensuring that the clients received the

P 210

Severity: 2 Scope: 3

correct services.

SS=C

P 210 Section 15(12) Personnel Records

12. Provide for the maintenance of current personnel records which confirm that the policies and procedures are being followed; and

This STANDARD is not met as evidenced by: Based on record review, the agency failed to have a policy providing for the maintenance of current personnel records which confirm that the policies and procedures are being followed.

Findings include:

The agency policy and procedure manual was reviewed. No policy was located which provided for the maintenance of current personnel records which confirm that the policies and procedures are being followed.

Severity: 1 Scope: 3

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 230 P 230 Section 16.1(a-i) Personnel File SS=F Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant: (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency: (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant: (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle: and (i) Documentation of all training attended by and performance evaluations of the

This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to follow NRS 449.0021 Section 16.1(a)-(i).

attendant.

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 230 P 230 Continued From page 4 Findings include: Employee files were reviewed. 1. (a) One (1) of 7 employee's files (Employee #5) lacked legal evidence of the employee's name, address and telephone number. 2. (b) Seven (7) of 7 employee's files (Employee #1, #2, #3, #4, #5, #6 and #7) lacked the date on which the employees began working for the agency. 3. (c) Five (5) of 7 employee's files (Employee #1, #4, #5, #6 and #7) lacked the documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375. 4. (d) Seven (7) of 7 employee's files (Employee #1, #2, #3, #4, #5, #6 and #7) lacked evidence that the references supplied by the employee were checked by the agency. 5. (e) Seven (7) of 7 employee's files (Employee #1, #2, #3, #4, #5, #6 and #7) lacked evidence of compliance with NRS 449.179 by the administrator of the agency with respect to the employees. 6. (g) One (1) of 7 employee's files (Employee #5) lacked proof that the employee was at least 18 years of age. 7. (h) Three (3) of 7 employee's files (Employee #4, #5 and #6) lacked proof of auto insurance 8. (i) Four (4) of 7 employee's files (Employee #1,

#2, #4 and #6) lacked documentation of required

Scope: 3

2. The documentation described in paragraph (i)

of subsection 1 must include, without

training.

SS=C

Severity: 2

P 240 16.1(2) Training Documentation

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **10155 W TWAIN AVE SUITE #100 ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 240 Continued From page 5 P 240 limitation, for each training course attended by the attendant: (a) A description of the content of the training (b) The date on which the training course was attended: (c) The number of hours of the training course; (d) The name and signature of the instructor of the training course; and (e) A certificate indicating that the training course was successfully completed by the attendant. This STANDARD is not met as evidenced by: Based on record review, the agency failed to provide the required documentation on the attendant's training certificates. Findings include: The agency failed to ensure that 5 of 7 attendant's (Employee #1; #2; #3; #6 and #7) files contained training certificates which provided: (a) A description of the content of the training course: (b) The date on which the training course was (c) The number of hours of the training course; (d) The name and signature of the instructor of the training course; and (e) A certificate indicating that the training course

was successfully completed by the

P 250 Section 16.1(3) Competency Evaluation

Scope: 3

attendant.

Severity: 1

SS=E

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 250 Continued From page 6 P 250 3. The administrator or his designee shall evaluate the competency of an attendant in each competency area required by the agency if the attendant provides written proof of his current or previous training in that competency area. After the initial evaluation, any additional training provided to the attendant may be limited to areas in which the attendant needs to improve his competency. This STANDARD is not met as evidenced by: Based on record review, the agency failed to evaluate the competency of attendants that presented certificates of previous training. Findings include: Two (2) of 6 files (Employee #3 and #5) lacked evidence of an initial evaluation from the agency. upon hire, regarding the certificates they had produced attesting to previous training they had received. Severity: 2 Scope: 2 P 270 P 270 Section 17.1 Supervisory Visits SS=C Sec. 17. 1. The administrator of an agency or his designee shall conduct supervisory home visits or telephone calls to the home of

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

each client of the agency to ensure that quality personal care services are provided to the client.

This STANDARD is not met as evidenced by: Based on record review, the agency failed to conduct supervisory home visits or telephone calls to the homes of clients to ensure that quality

personal care services are provided.

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 270 P 270 Continued From page 7 Findings include: Six (6) of eight client's files (Client #1, #2, #3, #4, #6 and #8) failed to provide evidence of a supervisory home visit, or a telephone call to the home, regarding the satisfaction of care that the client was receiving. Scope: 3 Severity: 1 P 290 Section 18 Attendant Qualifications P 290 SS=F Sec. 18. Each attendant of an agency must: 1. Be at least 18 years of age; 2. Be responsible and mature and have the personal qualities which will enable him to understand the problems of elderly persons and persons with disabilities: 3. Understand the provisions of this chapter and chapter 449 of NRS; 4. Demonstrate the ability to read, write, speak and communicate effectively with the clients of the agency; 5. Demonstrate the ability to meet the needs of the clients of the agency; and 6. Receive annually not less than 8 hours of training related to providing for the needs of the clients of the agency. This STANDARD is not met as evidenced by:

Based on record review on, the agency failed to ensure that 6 of 6 attendants demonstrated the

Six (6) of 6 attendant's files (Employee #1, #2, #3, #4, #5 and #6) failed to show that the

ability to meet the needs of the clients.

Findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVS5695PCA			B. WING		08/04/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
			WAIN AVE SU S, NV 89147	ITE #100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
P 290	Continued From page 8			P 290			
	attendants had the ability to meet the needs of the clients.						
	Severity: 2 Sco	ope: 3					
P 300 SS=E	Section 19.1(a) Know	ledge of Code		P 300			
	Sec. 19. 1. Each attendant of an agency shall: (a) Obtain a working knowledge of the provisions of this chapter which govern the licensing of agencies before providing personal care services to the clients of the agency. The agency must provide a copy of those provisions to an attendant before the attendant may provide personal care services to the clients of the agency.						
	This STANDARD is not met as evidenced by: Based on record review on, the agency failed to ensure that 2 of 7 employee files had documentation noting that the attendants understood 449.0021 and chapter 449 of NRS.						
	Findings include: Two (2) of 7 employee files (Employee #5 and #6) failed to contain documentation that the attendants understood 449.0021 and chapter 449 of NRS, obtained a working knowledge of the provisions, and were provided a copy of the regulations for Personal Care Agencies.						
			er 449				
	Severity: 2 Sco	ope: 2					
P 310 SS=F	Section 19.1(b) Train	ing		P 310			
		ndant of an agency sha complete a training pro					

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 310 Continued From page 9 P 310 before independently providing personal care services to the clients of the agency. The training program must include an opportunity for the attendant to receive on-the-job instruction provided by clients of the agency, as long as the administrator of the agency or his designee provides supervision during this instruction to determine whether the attendant is able to provide personal care services successfully and independently to the client. This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 4 of 6 attendants completed a training program before independently providing personal care services to the clients. Findings include: Four (4) of 6 attendants files (Employee #1, #2, #4 and #6) failed to contain documentation and a certificate showing they had completed a training program before independently providing personal care services to the clients. Severity: 2 Scope: 3 P 320 Section 19.1(c) Training P 320 SS=F Sec. 19. 1. Each attendant of an agency shall: (c) Receive training: (1) In the written documentation of: (I) Personal care services provided to the clients

of the agency; and

regulations.

(II) Verification of time records.

(2) In the rights of clients, including, without limitation, training in methods to protect client confidentiality pursuant to state and federal

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 320 Continued From page 10 P 320 (3) Related to the special needs of elderly persons and persons with disabilities. including, without limitation, training in the sensory, physical and cognitive changes related to the aging process. (4) Related to communication skills, including, without limitation, active listening, problem solving, conflict resolution and techniques for communicating through alternative modes with persons with communication or sensory impairments. This STANDARD is not met as evidenced by: Based on record review on, 6 of 6 attendants failed to receive the required training before independently providing personal care services to the clients of the agency. Findings include: The agency failed to ensure that: 1. Six (6) of 6 attendants (Employee #1, #2, #3, #4, #5 and #6) received training in the written documentation of personal care services provided to the clients of the agency; and verification of time records, 2. Four (4) of 6 attendants (Employee #1, #2, #4 and #6) received training in the rights of clients. 3. Four (4) of 6 attendants (Employee #1, #2, #4 and #6) received training in the special needs of elderly persons and persons with disabilities, and 4. Four (4) of 6 attendants (Employee #1, #2, #4 and #6) received training related to communication skills before independently providing personal care services to the clients of the agency. Severity: 2 Scope: 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5695PCA			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
			B. WING	·	08/04/2009			
NAME OF PR	ROVIDER OR SUPPLIER	INVOCUSION		DRESS, CITY, STATE, ZIP CODE				
ESSENTIAL CADE NEVADA INC			WAIN AVE SU S, NV 89147	II E #100				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
P 330	Continued From page	e 11		P 330				
P 330 SS=E	Section 19.1(c)(5) Transcription Sec. 19. 1. Each atte	aining CPR ndant of an agency sha	ıll:	P 330				
	(c) Receive training:							
	(5) In first aid and car A certificate in first ai	rdiopulmonary resuscita d and	ition.					
	cardiopulmonary resu	uscitation issued by the						
		ed Cross or an equivale epted as proof of that	ent					
	training.							
	This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure 3 of 7 employees had proof of training in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an							
	equivalent certificate	•						
	Findings include:							
	The agency failed to ensure that 3 of 7 employees (Employee # 1, #4 and #7) recei training in first aid and cardiopulmonary resuscitation issued by the American Nation Red Cross or an equivalent certificate.							
	Severity: 2 Sc	ope: 2						
P 340 SS=F	Section 19.1(c)(6)(I-I	II) Training		P 340				
	(c) Receive training: (6) That is specifically care services provide including, as applicationics: (I) Duties and respon	ole, training in the follow sibilities of attendants a	l <i>r</i> ing					
	the appropriate techr providing personal ca							

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 340 Continued From page 12 P 340 (II) Recognizing and responding to emergencies. including, without limitation, fires and medical emergencies; (III) Dealing with adverse behaviors: This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 6 of 6 attendants received training in duties and the responsibilities of the attendant, recognizing and responding to emergencies, and dealing with adverse behaviors. Findings include: The agency failed to ensure: 1. Six (6) of 6 attendants (Employee #1; #2; #3; #4; #5; and #6) received training that is specifically related to the personal care services provided by the agency and 2. Six (6) of 6 attendants (Employee #1; #2; #3; #4; #5 and #6) received training in recognizing and responding to emergencies, and dealing with adverse behaviors before independently providing personal care services to the clients of the agency. Severity: 2 Scope: 3 P 350 P 350 Section 19.1(c)(6)(IV) Training Nutrtion SS=F

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Sec. 19. 1. Each attendant of an agency shall:

(6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics: (IV) Nutrition and hydration, including, without

limitation, special diets and meal

preparation and service:

(c) Receive training:

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 350 P 350 Continued From page 13 This STANDARD is not met as evidenced by: Based on record review on, the agency failed to ensure that 4 of 6 attendants received training in nutrition and hydration. Findings include: The agency failed to ensure 4 of 6 attendants (Employee #1, #2, #4 and #6) received training in nutrition and hydration before independently providing personal care services to the clients of

P 360

Section 10 1(c)(6)(\/) Trai

Section 19.1(c)(6)(V) Training Bowel/Bladder

Scope: 3

Sec. 19. 1. Each attendant of an agency shall:

(c) Receive training:

the agency.

Severity: 2

P 360

SS=F

- (6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics:
- (V) Bowel and bladder care, including, without limitation, routine care associated with toileting, routine maintenance of an indwelling catheter drainage system such as emptying the bag and positioning, routine care of colostomies such as emptying and changing the bag, signs and symptoms of urinary tract infections, and common bowel problems, including, without limitation, constipation and diarrhea:

This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 5 of 6 attendants received training in

AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/G		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVS5695PCA			B. WING		08/0	4/2009
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	•	
ESSENTIAL CARE NEVADA INC				VAIN AVE SU S, NV 89147	ITE #100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	'E ACTION SHOULD BE D TO THE APPROPRIATE	
P 360	Continued From page	e 14		P 360			
	bowel and bladder ca	re.					
	Findings include:						
	The agency failed to ensure 5 of 6 attendants (Employee #1, #2, #4, #5 and #6) received training in bowel and bladder care before independently providing personal care services to the clients of the agency.						
	Severity: 2 Scope: 3						
P 370 SS=F	Section 19.1(c)(6)(VI-	-VII) Training Skin		P 370			
	Sec. 19. 1. Each attendant of an agency shall: (c) Receive training: (6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics: (VI) Skin care, including, without limitation, interventions that prevent pressure sores, routine inspections of the skin and reporting skin redness, discoloration or breakdown to the client or a representative of the client and to the administrator of the agency or his designee; (VII) Methods and techniques to prevent skin breakdown, contractures and falls;						
	This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 5 of 6 attendants received training in skin care and methods and techniques to prevent skin breakdown.		ng in				
	Findings include:						
	The agency failed to ensure 5 of 6 attendants						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING		00/04/0000	
NAME OF PR	OVIDER OR SUPPLIER	NVS5695PCA	STREET ADDR	RESS, CITY, STA	TE. ZIP CODE	08/04/2009	
ESSENTIAL CAPE NEVADA INC			10155 W TV	VAIN AVE SU 6, NV 89147			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPRO	ULD BE COMPLETE	
P 370 P 380 SS=F	training in skin care, it techniques to preven contractures and falls providing personal cathe agency. Severity: 2 Section 19.1(c)(6)(VI Sec. 19. 1. Each atte (c) Receive training: (6) That is specifically care services provide including, as applicationics: (VIII) Hand washing a This STANDARD is Based on record reviensure that 4 of 6 atternations.	e, #5 and #6) received including method and it skin breakdown, is, before independently are services to the client Scope: 3 II) Training Hand Wash and and of an agency share agency, ble, training in the follow and infection control; Inot met as evidenced be ew, the agency failed to the agency failed	ing ill: ving y:	P 370			
	(Employee #1, #2, #4 hand washing and inf independently provide the clients of the age	ensure 4 of 6 attendant l and #6) received train fection control before ing personal care servic	ing in				
P 390 SS=F) Training Body Mechar		P 390			

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 390 Continued From page 16 P 390 (c) Receive training: (6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics: (IX) Body mechanics, mobility and transfer techniques, including, without limitation, simple nonprescribed range of motion; and This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 4 of 6 attendants received training in body mechanics, mobility and transfer techniques. Findings include: The agency failed to ensure 4 of 6 attendants (Employee #1, #2, #4 and #6) received training in body mechanics, mobility and transfer techniques before independently providing personal care services to the clients of the agency. Scope: 3 Severity: 2 P 400 P 400 Section 19.1(c)(6)(X) Training Safe Environment SS=F Sec. 19. 1. Each attendant of an agency shall: (c) Receive training: (6) That is specifically related to the personal

care services provided by the agency.

(X) Maintenance of a clean and safe

topics:

environment.

including, as applicable, training in the following

This STANDARD is not met as evidenced by: Based on record review, the agency failed to

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 400 P 400 Continued From page 17 ensure that 4 of 6 attendants received training in the maintenance of a clean and safe environment. Findings include: The agency failed to ensure 4 of 6 attendants (Employee #1, #2, #4 and #6) received training in maintaining a clean and safe environment before independently providing personal care services to the clients of the agency. Scope: 3 Severity: 2 P 410 P 410 Section 19.1(c)(2-3) Training Evaluation SS=F 2. Each attendant of an agency must be evaluated and determined to be competent by the agency in the required areas of training set forth in paragraph (c) of subsection 1. 3. Each attendant of an agency must have evidence of successful completion of a training program that includes the areas of training set forth in paragraph (c) of subsection 1 within the 12 months immediately preceding the date on which the attendant first begins providing care to a client.

This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure that 6 of 6 attendants were evaluated and determined to be competent by the agency in the required areas of training set forth in paragraph (c) of subsection 1 of NRS 449.0021. And that each attendant of the agency had evidence of successful completion of a training program.

Findings include:

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NVS5695PCA		NVS5695PCA		D. WING		08/0	4/2009	
NAME OF PF	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
ESSENTIAL CARE NEVADA INC				WAIN AVE SU S, NV 89147	ITE #100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPI COMPI DAT		
P 410	Continued From page 18			P 410				
	(Employee #1, #2, #3 evaluated and determ agency in the require each attendant of the	ensure 6 of 6 attendant, #4, #5 and #6) were nined to be competent to dareas of training, and agency had evidence on of a training program. Scope: 3	by the d that of					
P 430 SS=C				P 430				
	a description of and in concerning the person the agency, including (a) A statement which the client indicating the scope of the licenthe medical and healt should the conditions unpredictable; (b) The qualifications for the attendants who care services to the concerning of the control of th	nal care services offered, without limitation: In is easily understandal that it is not within see of the agency to make the conditions of clients become unstable or and training requirement of provide personal lients of the agency; the personal care servicely; liling methods, payment or bills for personal care servicely; of personal care servicely; metances or conditions the termination of set by the agency and the tents of such termination s; thacting the administratignee during all	ed by ble to inage ents es t e f ces					

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 430 Continued From page 19 P 430 provided and the on-call policy of the agency: and (g) Information concerning the rights of clients and the grievance procedure of the agency. This STANDARD is not met as evidenced by: Based on record review, the agency disclosure statement provided to 8 of 8 clients failed to contain all of the required information. Findings include: Eight (8) client files were reviewed. Files for Clients #1, #2, #3, #4, #5, #6, #7 and #8 failed to contain the following required disclosure information: (b) The qualifications and training requirements for the attendants who provide personal care services to the clients of the agency; (d) The policy for notifying clients of increases in the costs of personal care services provided by the agency; (f) Procedures for contacting the administrator of the agency or his designee during all hours in which personal care services are provided and the on-call policy of the agency; and (g) Information concerning the rights of clients and the grievance procedure of the agency. Severity: 1 Scope: 3

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Section 21.1(2) Grievance Procedure

and enforce a procedure to respond to

2. The administrator of an agency shall establish

grievances, incidents and complaints concerning the agency in accordance with the written

SS=C

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 450 Continued From page 20 P 450 policies and procedures of the agency. The procedure established and enforced by the administrator must include a method for ensuring that the administrator or his designee is notified of each grievance, incident or complaint. The administrator or his designee shall personally investigate the matter in a timely manner. A client who files a grievance or complaint or reports an incident concerning the agency must be notified of the action taken in response to the grievance, complaint or report or must be given a reason why no action was taken. This STANDARD is not met as evidenced by: Based on record review, the agency failed to provide a clear and concise Grievance Policy to 8 of 8 clients. Findings include: The agency failed to provide a Grievance Policy to 8 of 8 clients (Clients #1; #2; #3; #4; #5; #6; #7 and #8) which stated how the client would be notified of the action taken in response to the grievance, complaint or report, or, given a reason

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

why no action was taken.

P 470 Section 21.1(4) Client Rights

Scope: 3

4. The agency shall develop a written description

copy to each client or a representative of the client upon initiation of the service plan established for the client. A signed and dated copy of the receipt of this information by the client or a representative of the client must be

of the rights of clients and provide a

Severity: 1

SS=C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING	<u></u>		
	NVS5695PCA			D. WING		08/04/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ESSENTIAL CARE NEVARA INC				VAIN AVE SU S, NV 89147	ITE #100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
P 470	Continued From page	e 21		P 470			
	maintained in the rec	ord of the client.					
	This STANDARD is not met as evidenced by: Based on record review, the agency failed to have a signed and dated statement in 8 of 8 client's files that a copy of the rights of the client had been provided.						
	Findings include:						
	A signed and dated copy of the receipt of the rights of the clients failed to be in 8 of 8 client's files, (Client #1; #2; #3; #4; #5; #6; #7 and #8).						
	Severity: 1 Scope: 3						
P 480 SS=C	P 480 Section 21.1(5) Written Client Rights Requirements			P 480			
	developed pursuant to include, without limited client has the right: (a) To receive conside that recognizes the indignity of each client; (b) To participate in the service plan establish receive an explanation services provided pursuand a copy of the service (c) To receive the teles Bureau which may be	erate and respectful catherent worth and the development of the ned for the client and to an of the personal care resuant to the service plan; ephone number of the econtacted for complai	each re an				
	Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division; (e) To receive from the agency, within the limits						

PRINTED: 09/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 480 Continued From page 22 P 480 set by the service plan established for the client and within the program criteria, responses to reasonable requests for assistance; and (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans. This STANDARD is not met as evidenced by: Based on record review, the agency failed to provide in the written description of rights with all of the required information for 8 of 8 clients. Findings include: Eight (8) client files were reviewed. None of the 8 client files contained a complete description of client rights to include without limitation, that each client has the right: (c) To receive the telephone number of the Bureau of Health Care Quality and Compliance which may be contacted for complaints; and (d) To receive notification of any authority of the

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division;

P 500 Section 22.1(3) Prior to Initiation of Services

before providing the personal care

service plan is revised:

Scope: 3

3. The agency shall complete the following tasks

services outlined in the service plan established for the client and as often as necessary if the

Severity: 1

SS=C

PRINTED: 09/24/2009

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 500 Continued From page 23 P 500 (a) Evaluate whether the agency has sufficient resources and the capability to satisfy the requests of the client and to provide the client with the personal care services described in the service plan; (b) Review the service plan with the client, including, without limitation, the schedule for the provision of personal care services to the client, the procedure to follow if an attendant fails to provide personal care services in accordance with the service plan, the hiring and training policies of the agency, the responsibilities of the agency, the procedure for filing a grievance or complaint and any personal care services that an attendant is prohibited from providing pursuant to section 23 of this regulation; (c) Review the procedure to be followed if an attendant does not appear for a scheduled visit and the procedure to be followed if an additional visit from an attendant is required; (d) Ensure that the personal care services requested by the client are services which assist the client with the activities of daily living; and (e) Ensure that the agency is coordinating the personal care services that it will be providing to the client with the care and services available to the client from other organizations and persons. This STANDARD is not met as evidenced by: Based on record review, the agency failed to perform the following tasks before providing services to 8 of 8 clients. Findings include: The agency failed to complete the following tasks

for 8 of 8 clients (Client #1; #2; #3; #4; #5; #6; #7 and #8) before providing the personal care

PRINTED: 09/24/2009

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5695PCA 08/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10155 W TWAIN AVE SUITE #100 **ESSENTIAL CARE NEVADA INC** LAS VEGAS. NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 500 Continued From page 24 P 500 services outlined in the service plan established for the client. (b) ...the procedure to follow if an attendant fails to provide personal care services in accordance with the service plan, the hiring and training policies of the agency, and any personal care services that an attendant is prohibited from providing pursuant to section 23 of this regulation; (c) Review the procedure to be followed if an attendant does not appear for a scheduled visit and the procedure to be followed if an additional visit from an attendant is required. Severity: 1 Scope: 3